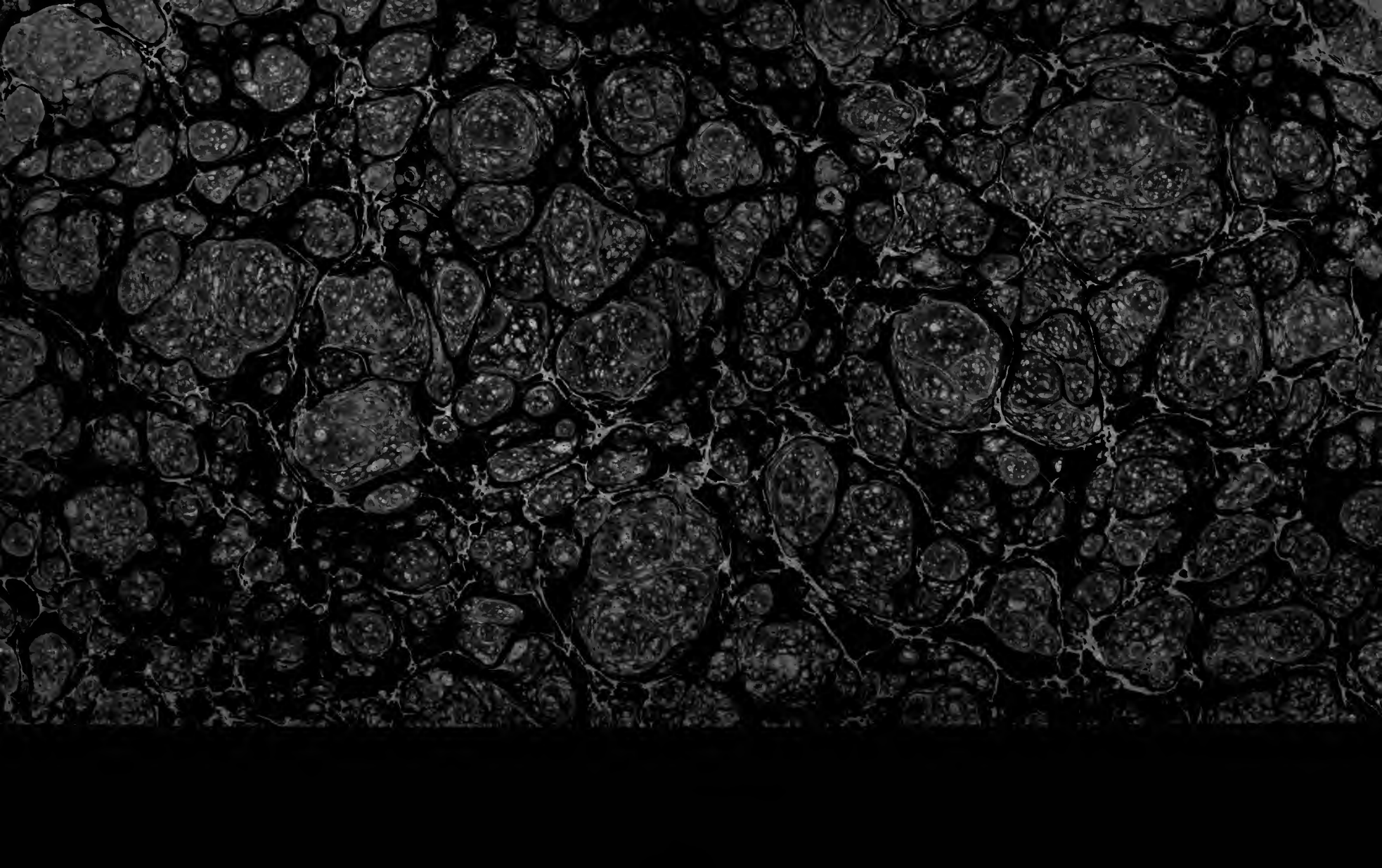

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A

TREATISE

ON THE

DIAGNOSIS AND PROGNOSIS

OF

DISEASES.

PART I.

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Pt. 1

CONTAINING

AN HISTORY OF INTERNAL PHLEGMONOUS INFLAMMATION.

By PHILIP PARRY PRICE, M. D. &c.

Videndum etiam eſt, morbus an increſcat, an conſiſtat, an minuatur. Facultas præſentiendi ac vere prædicendi de morborum eventu in primis habenda. CELS.

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PREFACE.

IN preſuming to add to the medical library (perhaps already too voluminous), it is poſſible I may incur ſome cenſure; I will therefore avail myſelf of an eſtabliſhed cuſtom, by premiſing the motives that influenced me on this occaſion.

Aretæus of Cappadocia, Baglivi, Boerhaave, Cælius Aurelianus, Cullen, F. Hoffman, and Sydenham, have ſeverally given us very accurate deſcriptions of diſeaſes.

They ſtudy'd Nature thro', and Nature's laws,
Nor blindly puzzled for the peccant cauſe.

But ſince the days of the venerable father of phyſic *Hippocrates*, who flouriſhed near four hundred years before the Chriſtian æra, I believe no author has written profeſſedly on the prognoſtics of diſeaſes, except *Proſpero Alpini* [a], "De Præſagienda Vita et Morte ægrotantium. Lib. vii." publiſhed in 4to at Venice, 1691. Theſe great men were guided by, and firmly adhered to, a fundamental maxim in the healing art, *optime noſcens optime curat*, and their works will remain monuments of their ſagacity

[a] *Johannes Bohnices*, Profeſſor of Anatomy and Surgery at Leipſic, publiſhed in the ſeventeenth century a very ingenious book on the prognoſtics of *wounds*, *De Renunciatione Vulnerum*, to which I refer the reader for much uſeful information; indeed it is a work that every *ſurgeon* ought to be intimately acquainted with.

to

to ſucceeding generations; but Hippocrates and Alpini wrote on the diſorders of their reſpective countrymen, whoſe conſtitutions, cuſtoms, and climates, differ eſſentially from thoſe of this iſland.

Actuated by theſe conſiderations I began this work, and in each progreſſive ſtage my labours were encouraged by two great objects; firſt, the hope of reſcuing a ſublime branch of medicine from that obſcurity and neglect in which it hath ſo long and undeſervedly remained; and, 2dly, the important advantages that muſt inevitably accrue from a preknowledge of the event of diſeaſes incident to the habits of *our own people*.

With theſe views I ſubmit to the Public the ſubſequent pages; the reſult of ſuch information as I have acquired

by reading, and practical obſervation. In both inſtances notes were ſelected from time to time, with attentive care, and entered in an *adverſaria*, which I often found an uſeful remembrancer in intricate caſes.

In a work of this nature, however, a ſtate of perfection is not to be attained, or even expected; ſince *Morborum in iiſdem hominibus aliæ atquæ aliæ proprietates ſunt*[b]; and thoſe who are converſant in medical inquiries, need not be informed that the ſubject will not admit of eaſy, ſmooth, and faſcinating language.

It was once intended to particularize the reſpective authorities conſulted in ſupport of the doctrines laid down in

[b] Celſ. in præfat. p. 19.

theſe

theſe pages; but frequent interruptions of this kind would be more inconvenient to the reader, than ſuch citations would be advantageous; I have therefore, for the moſt part, declined thoſe diſtinctions.

The work will conſiſt of *five parts*; the remaining four are in great forwardneſs, and ſhall appear as early as my other avocations will allow, provided this ſpecimen be favourably received.

INTRODUCTION.

HAVING arranged the remote cauſes of internal phlegmonous inflammation under diſtinct heads in the following pages, we conceive ſome explanation may be expected relative to the proximate cauſe of ſuch diſeaſe.

Boerhaave was of opinion, that the veſſels appropriated for the conveyance of the circulating fluids were of different diameters, and that when the larger globules were forced into the capillary tubes, obſtruction took place, and that inflammation was the common conſequence. But this theory of an *error loci* is now pretty generally exploded; for the circulation of the blood in the extreme veſſels is ſo ſlow, as readily to admit of a retrograde motion; ſo that, if by chance a particle of blood ſhould enter a veſſel,

veſſel, through which it cannot paſs, it will be thence returned, and afterwards received by ſome anaſtomoſing veſſel of fit ſize. Obſtructions, we grant, may be an effect, but not a cauſe, of inflammation.

An ingenious writer [a], a few years ago, laboured to eſtabliſh a new doctrine. He aſſerted, "that inflammation in every inſtance is wholly owing to *an accumulation of animal fire.* His arguments, however, we conceive to be more plauſible than concluſive. A preternatural lentor, or viſcidity of the blood, is another theory equally unſupported as a proximate cauſe of inflammation.

Involved as this queſtion was in ſo much intricacy and doubt, and whilſt ſo many oppoſite opinions were advanced and contended for by great authorities, we cannot wonder that an indefatigable profeſſor [b] ſhould engage to inveſtigate the matter with that diligent attention,

[a] Dr. Kirkland's Inquiry into the preſent State of Medical Surgery, vol. 1. p. 278.

[b] Dr. Cullen.

and

and unwearied perſeverance, ſo peculiar to himſelf. This celebrated teacher aſſures us, that, where inflammation does not ariſe from the direct application of ſtimulant ſubſtances to a part, it may be produced by an unequal diſtribution of the blood, ſo as to overload certain veſſels, to which it muſt prove a ſtimulus; and it is probable that, to relieve the congeſtion, the *vis medicatrix naturæ* increaſes ſtill more the action of theſe veſſels; which it effects by the formation of a ſpaſm on their extremities, whence ariſes an increaſed action in the courſe of them, occaſioning an increaſed impetus of the blood in the particular part affected; and this we are to conſider as the proximate cauſe of inflammation.

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A TREATISE, &c.

CHAP. I.

INTERNAL PHLEGMONOUS INFLAMMATION.

Doctor Cullen, in his Synopsis Nosologiæ Methodicæ, uses the term Phlogosis Phlegmone for this genus of disease. He places it in the class Pyrexiæ, and order Phlegmatiæ.

A TREATISE, &c.

CHAP. I.

PHRENITIS, OR INFLAMMATION OF THE BRAIN.

Causes.

IT may be either *idiopathic* or ſymptomatic. The firſt we conſider as an original diſeaſe, and it may ariſe from an increaſed action of the veſſels in the ſyſtem, produced by intoxication, indigeſtible food in the ſtomach, mental agitation, or external heat: the other enſues upon a morbid tranſlation from ſome diſtant part of the head, as at Prognos. XVI. in Peripneumonia.

Diagnoſis.

A pulſation, with pain in the internal parts of the head, which, if the membrane be affected, is acute, if the ſubſtance only, obtuſe, and ſometimes ſcarcely perceivable; acute continual fever; the pulſe low and tenſe; the face

full or inflated, and high-coloured; the eyes red, and tears frequently flowing from them; conſtant watchfulneſs; preternatural anxiety; a privation of reaſon, yet the patient at intervals collected and apparently cheerful, without any ſenſible cauſe; the extremities frigid and ſupine, but not tremulous; the urine copious, yellow, and aqueous, without ſediment, and diſcharged in a dribbling way; dry black tongue, without thirſt; a remarkable vibration of the temporal and carotid arteries; and a ſullen ſilence, often ſucceeded by ſudden outrageouſneſs.

Termination. This, like other inflammations, ſometimes terminates in ſuppuration, eſpecially if the brain itſelf be the ſeat of the diſeaſe: the violent ſymptoms in this caſe abate, but a ſtupor remains until the brain is nearly deſtroyed, unleſs an abſorption of the pus takes place.

Diſtinctions. In the idiopathic, delirium is manifeſt and vehement before much fever is obſervable; whereas, in the ſymptomatic, the fever precedes the delirium ſome days, and the degree of violence is in proportion

proportion to the degree of fever: on the contrary, the febrile attack in the idiopathic is never correſpondent to the delirious fury, which is equal in moſt inſtances to what we meet with in *real mania*.

I.

When "Vehementes phrenitides in tremorem deſinunt," it is a very alarming indication. Prognoſis.

II.

A burning heat in the præcordia, accompanied with fever, and a ſenſation of cold in other parts of the body, denotes great danger, particularly if *partial* ſweats come on.

III.

A change from a ſtate of calmneſs to that of inquietude is uſually followed by convulſions.

IV.

An involuntary expulſion of excrement, be it either of a pale green, or black colour; opaque urine; coldneſs of the extremities; inarticulate ſpeech; general debility; difficult reſpiration; and

conſtant alternations of rage, joy, and fear; are harbingers of death.

V.

Salivæ abundantis fluxus, frequens oris ſputatio, aut crebra ſalivatio, is of bad import. So likewiſe is a ſanguineous dyſentery.

VI.

An aqueous dripping at the noſtrils is for the moſt part fatal, eſpecially if it take place about the fourth day.

VII.

A *profuſe* hemorrhage from the noſe, hæmorrhoidal veſſels, or thoſe of the uterus, is beneficial.

VIII.

Phrenitis ſeizing the infirm, or ſuch as are advanced in years, is difficult to remove.

IX.

Extenſion of the hands, catching at imaginary appearances, and plucking the clothes, denote an unfavourable termination; particularly if ſubſultus tendinum, ſuppreſſion of urine, and gnaſhing of the teeth be preſent, or ſucceed.

X. A ſu-

X.

A ſupervening diarrhœa, free perſpiration, and a plentiful diſcharge of ſuch urine as depoſits a copious ſediment, are propitious ſigns.

CHAP. II.

ANGINA,

OR

INFLAMMATION OF THE TONSILS.

THIS diſorder is commonly called a Quinſy; and has been uſually divided into the true, or dry, and ſpurious, or moiſt, with varieties. The firſt is excited in plethoric habits, and is of an acute inflammatory nature; the latter we meet with in leucophlegmatic ſubjects, and is a lymphatic or catarrhal diſeaſe.

Doctor Cullen [a], however, hath diſtinguiſhed five ſpecies, and follows *Are-*

[a] See firſt lines, vol. i. p. 232.

tæus in adopting the generic name of cynanche.

1. Cynanche tonſillaris.
2. Cynanche maligna.
3. Cynanche trachealis.
4. Cynanche pharyngæa.
5. Cynanche parotidæa.

Cauſes. It may ariſe from expoſing the body to damp air, or cold winds; irritation and diſtention of the parts; as well as the other general cauſes of internal inflammation.

Diagnoſis. The true quinſy (angina tonſillaris) begins with ſtiffneſs of the neck and throat, without any manifeſt cauſe, together with a conſiderable excretion of ſaliva: pyrexia; obtuſe pain and ſenſible aſperity of the fauces; obſtructed deglutition, and difficult reſpiration; inflammation of the folliculi of the tonſils, velum pendulum palati, uvula, and the adjacent parts; frequent pulſe; an elevated tumour, with pain paſſing through the *tubæ euſtachianæ*; a ſenſe of ſtrangulation; nauſea; dry tenſion of the tongue; and a regurgitation of liquids through the

the noſtrils ſucceed. The ſymptoms ſometimes increaſe to a very alarming degree; the tumour extending over the neck and face: a flow of viſcid humour from the mouth; prominent blood-ſhot eyes; and diſtended veins enſue: the blood in this caſe is intercepted in its return to the heart, by the compreſſed jugulars; hence viſion, hearing, and all the functions of the body ſuffer; delirium comes on, and the veins of the head and neck become varicoſe.

In the *ſpurious or phlegmatic quinſy*, an œdematous pellucid tumour ſeated in the uvula and circumjacent parts, impeding both deglutition and reſpiration, is a prevailing characteriſtic, with fever, rather chronical than acute. It is ſeldom attended with any conſiderable pain, except what reſults from diſtention of the parts, yet the tongue and fauces are for the moſt part covered with a thick, viſcous, and fetid mucus.

As inflammations of the different parts of the throat may ariſe independent of each other, ſo their ſymptoms, progreſs,

and termination, evidently change, we muſt therefore conſider them as diſtinct diſeaſes, and arrange them accordingly.

Terminations. If the patient be not deſtroyed by ſuffocation, the tumour generally ſuppurates.

Diſtinctions. The angina tonſillaris ſhould be diſtinguiſhed from the ſlighter inflammations we meet with in the fauces of ſcorbutic habits, that do not affect reſpiration or ſwallowing; from ſpaſm; from aphthæ; and from the prunella alba, in which a violent inflammation is partly concealed by a white mucous covering.

I.

Prognoſis. If the inflammation in the tonſils do not ſubſide within the firſt four or five days, ſuppuration will be the conſequence.

II.

An external ſwelling, with redneſs, on one or both ſides of the upper part of the trachea, is a favourable indication.

III.

Great pain in the fauces, anxiety, and difficult reſpiration in an erect poſture, without any manifeſt cauſe, either in the throat,

throat, or in the neck, uſually end in ſuffocation on the ſecond, third, or fourth day.

IV.

[b] Itaque rubore et tumore in præcordiis orto, ſcire licet fauces liberari; ſo likewiſe when eryſipelas ſeizes the adjoining parts, and does not recede, but on the critical days: on the other hand, ſhould the eryſipelas retire on any of the non-critical days, and leave the tubercle in the ſame ſtate as when the eryſipelas began, we may infer a tranſlation of the morbific matter to the brain, whence ſtupor, or delirium; otherwiſe, it may be depoſited on the lungs, there generate peripneumony, and deſtroy the patient on or before the ſeventh day.

V.

Inflammation, or tumour, ſeated in the internal muſcles of the larynx, is the moſt dangerous affection in this diſeaſe.

VI.

A ſymptomatic quinſy is commonly fatal, the patient being too much debili-

[b] Celſ. de Medicina, lib. iv. cap. 4, p. 197.

tated

tated by the original diſeaſe to ſuſtain the force of a freſh attack.

VII.

When the tongue is much ſwelled, and of a purpliſh black colour, there is imminent danger; a foaming at the mouth is alſo a forerunner of death.

VIII.

Great contraction and anxiety of the præcordia, with coldneſs or ſhivering of the extremities, are mortal indications; eſpecially if the pulſe be hard, irregular, and intermittent.

CHAP. III.

PERIPNEUMONIA, OR INFLAMMATION OF THE LUNGS.

Seat. THIS diſorder is ſeated in the bronchial and pulmonic arteries, or, according to *Ruyſch* and *Fordyce*, it occupies the bronchial artery only; on the other hand, *Morgagni* and ſome writers of

of high authority aſſert the exiſtence of inflammation in the *parenchyma* or cellular texture of the lungs, "[c] pulmo totus afficitur," while Doctor Cullen is of opinion that the *membranous parts* of theſe organs are firſt affected.

Sudden tranſitions from heat to cold; cold air received by inſpiration; general inflammation; over diſtention of the lungs; and the like; are the uſual cauſes. Cauſes.

The attack begins with pyrexia; obtuſe pain in one ſide, ſometimes in both, extending to the back and ſcapulæ; laborious and hot reſpiration; urgent cough; the pulſe quick and ſoft; fulneſs of the thorax; anxiety about the præcordia, with reſtleſſneſs and loſs of ſleep. As theſe are ſigns of an incipient inflammation of one of the principal viſcera, ſo it may be proper to trace its progreſs through the more advanced ſtages of the diſeaſed viſcus; if, therefore, we obſerve a continuance of theſe ſymptoms after the fourth and ſometimes even to the Diagnoſis.

[c] Cælius Aurelianus Acut. Morbor. Aretæus de Morb. diuturn. et Celſ. de Medicin.

fourteenth

fourteenth day, with wanderings or ſlight delirium, ſoft wave-like pulſe, increaſed difficulty of breathing, eſpecially in inſpiration (the lungs being denied ample dilatation), dry cough and unceaſing pain in the outſide of the breaſt, we may reſt aſſured the inflammation will terminate in vomica. If frequent ſhiverings without any manifeſt cauſe; a remiſſion of pain, yet diſtreſſing and oppreſſive weight in the ſide; ſlight continual fever, increaſing in the evening; thirſt, and a weak ſoft pulſe, accompany the ſigns already cited, we may reaſonably infer an incipient ſuppuration. But when a *vomica pulmonum* has abſolutely formed, all thoſe ſymptoms are exaſperated; the dry cough becomes more troubleſome, eſpecially after eating or motion; incapacity to lie down without danger of ſuffocation, appears evident; turgeſcence of the face; pink coloured cheeks; loſs of appetite; ſwelled feet; night ſweats, particularly about the throat and forehead; frothy urine; and univerſal debility enſue; the fingers become ſharp and the nails

nails crooked, while the hands are uncomfortably hot. In proportion to the violence of theſe ſymptoms we may expect ſooner or later a rupture of the vomica; and we know when ſuch an event is at hand by an increaſed fulneſs of the breaſt, and flying pains about the abdomen and clavicles, with a rattling noiſe in the *aſpera arteria.*

Termination.

Inflammation of the lungs ſometimes terminates in a ſcirrhous tumour of one, or both lobes. Theſe attacks we diſtinguiſh from any of the preceding by a continuance of ſeveral of the ſymptoms mentioned heretofore, without the concomitant ſigns of a latent vomica: again, a vomica daily increaſes in ſize till it breaks; whereas a ſcirrhous enlargement of theſe organs remains in the ſame ſtate for a conſiderable length of time. The following obſervations were made by Hippocrates on this diſeaſe, "Atque interceptis a callo tranſitibus, velox et difficilis ſpiratio corripit, quum hi ſpiritum neque per hanc viam emittere, neque facile attrahere queant. Ex talibus

bus ſane hi morbi oriuntur, quales ſunt aſthmata et tabes ſiccæ [d]."

Gangrene, or ſphacelus, is another conſequence by which inflammation of the lungs hath been long ſuppoſed to terminate exiſtence; but anatomical inveſtigations do not confirm this doctrine. That the lungs often aſſume a morbid colour (without being really gangrenous) we are told by the accurate Morgagni [e]; indeed we have obſerved the ſame appearance in the lungs of four different ſubjects, one of whom was lately cut off in the prime of life, and in high health, by the hand of juſtice.

Dr. Cullen thinks, that the far greater number of thoſe who die of peripneumony are deſtroyed by an effuſion of blood into the cellular ſubſtance of the lungs; which intercepting the uſual circulation through that viſcus, ſuffocation rapidly ſucceeds. Perhaps the rupture of an artery in that organ may ſometimes produce a ſimilar effect, by the blood

[d] Lib. de offium Natura, cap. viii. chart. tom. iv. p. 6. [e] Epiſt. iv. p. 13. 26.

ruſhing into, and being retained in, the cavity of the bronchia.

Pleuritis, catarrh, peripneumonia notha, aſthma, and fever, have ſome ſymptoms in common with peripneumonia: from them it ſhould be diſtinguiſhed. Diſtinctions.

I.

Blood that is very florid and of a looſe texture in the beginning of peripneumony, indicates either a diſſolution of the craſis of that fluid, or that the groſſer parts remain in the pulmonary arteries, ſo that none but the thinneſt and moſt aqueous portion are tranſmitted and paſs into the left ventricle of the heart: blood likewiſe that is extremely tough, yellow, or of a pale lead colour, portends equal danger. Prognoſis.

II.

When urine is parted with immediately after drinking, it indicates danger, and an obſtruction in the lungs, occaſioned by an accumulation of impervious blood in the pulmonary artery, incapable of being attenuated by diluents and reconveyed into ſalutary circulation.

III. If

III.

If the pain continue in the ſide after the fourth or fifth bleeding, and the globular part of the blood have been ſo reduced, that the craſſamentum is ſcarce a ſixth part of the quantity drawn off, yet ſolid, firm, and combined, we have reaſon to apprehend a fatal termination.

IV.

An eaſy expectoration of whitiſh yellow concocted matter, ſometimes ſtreaked with blood about the third day, greatly relieves reſpiration, pain, and oppreſſion at the breaſt, eſpecially if a copious ſweat come on, and generally cloſes the diſeaſe in ſeven days.

V.

To expectorate freſh, florid, or frothy blood, is of very unfavourable import, as it proceeds from a ruptured artery in the lungs.

VI.

When catarrhs or ſneezing precede or ſupervene to peripneumonic diſeaſes, there is great danger.

VII. When

VII.

When the tongue appears very red, dry, ſmooth, and ſhining, with livid bladders at the top, the indication is extremely unfavourable.

VIII.

A thin yellow ſputum of deep colour, after the ſixth day, eſpecially if mixed with pus, is a bad ſymptom; for it denotes a tendency to diſſolution in the whole maſs of blood, and its bilious principles are diſpoſed to a general putrefaction.

IX.

Urine that is thick and turbid, depoſiting a whitiſh, or even a reddiſh yellow ſediment, is a good and ſecure ſign; but a change from this ſtate to thin urine, *ante quartum diem*, is an ill ſymptom; ſo it is indeed at any period of the diſeaſe, whilſt the degree of fever is conſiderable.

X.

Alvine diſcharges of purulent matter are for the moſt part fatal; ſo likewiſe is a profuſe diarrhœa: by the firſt we apprehend a corroſion of ſome of the adjacent viſcera, as the ſtomach, liver, &c.; and

diarrhœa uſually ſuppreſſes expectoration without relieving the diſeaſe.

XI.

Aphthæ frequently precede death.

XII.

A tranſlation of the morbific matter to the ears, or legs, before the ninth day, is of ſalutary effect; but if it happen after a diſcharge of purulent matter has taken place, the event is generally unfavourable; eſpecially if expectoration ſhould ceaſe, the abſceſs recede, and the fever continue.

XIII.

When fever, dry cough, and other ſymptoms, as great difficulty of breathing, &c. are exaſperated the fifth day, the greater the exaſperation is, the ſtronger aſſurance we have that death will enſue on the ſeventh; in ſuch caſes the eyes grow dim, and the feet ſwell.

XIV.

A revulſion of the morbific matter of the *cynanche tonſillaris* to the lungs, ſometimes deſtroys the patient within

ſeven days; others again ſurvive it for weeks, and at length die of a vomica.

XV.

An inflammation of the lungs ſucceeding a pleuriſy indicates a fatal termination.

XVI.

The preſence of a phrenſy in inflammation of the lungs is mortal.

XVII.

If the patient wiſh to ſit up while the diſeaſe is in full vigour, we may expect the event to be unfavourable: for reſpiration requiring an erect poſture denotes great oppreſſion of the lungs, and an interrupted circulation through them.

XVIII.

A noiſe of much phlegm rattling in the trachea, or in the breaſt, a ſad countenance, and a golden tinge upon the eyes, are indications of great danger.

XIX.

If the abdomen be ſometimes inflated, and at other times diminiſhed in ſize,

the patient is generally cured about the tenth day.

XX.

When peripneumony invades aſthmatic perſons, the termination is commonly inauſpicious.

XXI.

If, with coughing, ſmall grain-like concretions be ſpitten up, and theſe on preſſure emit a very offenſive ſmell, a latent vomica is to be ſuſpected, eſpecially if the other characteriſtic ſigns be preſent.

XXII.

When the patient extends his hands in the air in purſuit of viſionary objects, and fumbles with the bed-clothes, there is great danger.

XXIII.

Vomica beginning on the ſeventh day of the diſeaſe, when the ſputum is truly bilious or purulent, or a compound of both, generally deſtroys the patient on the fourteenth day; this prognoſtic is more explicitly conveyed by an ancient writer

writer of great authority in the following paſſage: "Sputum etiam bilioſum, et purulentum, ſive ſeparatim iſta, ſive mixta proveniunt, interitus periculum oſtendunt, ac ſi circa ſeptimum diem tale eſſe cæpit, proximum eſt, ut is circa quartum decimum diem decedat, niſi alia ſigna meliora pejorave ſubſecuta ſunt, eò vel ſeriorem mortem, vel maturiorem denunciant[f]."

XXIV.

If the ſputum be ſweet taſted, the lungs are in a ſtate of purulence, and the diſeaſe may continue even for a year, perhaps, then change its form, and at length deſtroy the patient.

XXV.

The rupture of a vomica is governed by the benignity or vehemence of the ſymptoms, and happens either on the twentieth, thirtieth, fortieth, or ſixtieth day; calculating the time from the acceſſion of the fever.

[f] Celſ. de Medicin. cap. vi. lib. II.

XXVI.

If the fever and thirſt diſappear the day after the vomica burſts, it is a favourable ſign; ſo likewiſe is a returning inclination for food, with an *eaſy* diſcharge of purulent, white, uniform pus, diveſted of phlegm; but, on the contrary, ſuch ſeldom recover whoſe fever and thirſt remain, or increaſe, after a conſiderable ejection of any coloured matter: that which is of a pale green, or leaden hue, phlegmatic, or frothy, is of the moſt unfavourable import.

XXVII.

If, after the rupture of a vomica, the patient be ſeized with alternate cold and hot paroxyſms, we have good reaſon to fear an abſorption of pus; hence profuſe ſweats, and hectic fever enſue.

XXVIII.

When both lobes of the lungs, together with the heart, are inflamed, *paraplegia* ſucceeds, and death follows on the ſecond or third day.

XXIX. If

XXIX.

If the pulſe be weak, quick, and intermitting, death is not far off.

XXX.

After the ſigns of concoction appear, a gentle ſupervening diarrhœa is beneficial.

XXXI.

As this diſeaſe is ſeldom, perhaps never, reſolved without ſome expectoration, ſo we conſider a dry cough in every ſtage as an ill ſymptom; and ſo indeed is a diſcharge of ſputum that does not relieve reſpiration, &c.

XXXII.

When pain, or a ſenſe of much weight, is felt ſometimes in one ſide, and ſometimes in the other, or in both, there is danger.

XXXIII.

A ſlight dripping of very red blood from the noſtrils after the fourth day, or the appearance of florid exanthemata on the breaſt, is an ominous indication.

CHAP. IV.

PLEURITIS,

OR

INFLAMMATION OF THE PLEURA.

SAUVAGES, in his elaborate work, *Noſologia Methodica*, has enumerated twenty diſtinct ſpecies of this diſorder; and Doctor Cullen deſcribes a fifth part of that number; but moſt writers have confined their obſervations to the following table of varieties.

The true pleuriſy.

An inflammation of that fine, ſmooth, firm membrane, which we call the pleura; ſometimes extending to the lungs; whence enſues the pleuripneumony of the learned *Triller*, or the pleuro-peripneumony of the ſagacious Huxham.

The ſpurious pleuriſy.

An inflammation of the intercoſtal muſcles.

The ſpaſmodic or rheumatic.

Ariſing, perhaps, from an acrid defluxion on the muſcles of the breaſt, or perioſteum of the ribs.

Inflammation

Inflammation of the pleura may be produced by ſudden and great diſtention of that membrane in inſpiration; by drinking frigid liquids whilſt the body is over-heated by violent exerciſe; by external cold; and by contuſion. Cauſes.

The *true pleuriſy* is uſhered in with all the diſtreſſing ſymptoms of high fever and general inflammation, accompanied with an acute pain in the ſide, uſually above the ſhort ribs, reaching ſometimes to the throat, and in others to the back or ſhoulders, increaſing very much on inſpiration; frequent cough; a ſmall diſcharge of phlegmy, yellowiſh, or bloody ſputum; uncommonly hard and full pulſe; great difficulty of breathing, and that too chiefly effected by the action of the *ſeptum tranſverſum*, and abdominal muſcles; watching; nauſea; and fluſhing of the face attend. Diagnoſis.

A remiſſion of pain, fever, and heat, happening either on the ſeventh, ninth, or eleventh day, ſucceeded by a ſenſe of weight in that part where the pain was firſt felt; an horror; and trembling or

ſhivering, returning at frequent intervals without ſome evident cauſe, are certain ſigns of an incipient formation of pus; eſpecially

"Si febris non dimittit, eaque interdiu levior eſt, noctu increſcit; multus ſudor oritur; cupiditas tuſſiendi eſt, et pene nihil in tuſſi excreatur; oculi cavi ſunt; malæ rubent; venæ ſub lingua inalbeſcunt; in manibus fiunt adunci ungues; digiti, maximeque ſummi pallent; in pedibus tumores ſunt; ſpiritus difficilius trahitur; cibi faſtidium eſt; puſtulæ toto corpore oriuntur [g]."

If the pain, cough, and difficult reſpiration, come on immediately after the acceſſion of fever, we have good reaſon to expect a rupture of the abſceſs on or before the twentieth day, calculating the time from the day on which the fever was firſt obſerved; on the other hand the rupture of the abſceſs is ſometimes protracted to the thirtieth, fortieth, and even to the ſixtieth day, when the

[g] Celſ. de Medicina. Lib. 2. cap. vii. p. 65, 66.

ſymptoms

ſymptoms in the beginning are mild and benign; yet ſome pain, difficulty of breathing, and excretion of ſputum, are uſual before the criſis.

The pleura is not only liable to inflammation and ſuppuration, but likewiſe to ſcirrhoſity and gangrene. Terminations.

The *ſpurious or falſe* differs eſſentially from the true pleuriſy; in it the pungent pain, which the patient feels, either in the ſide or in the breaſt, is ſeated near the ſurface, and may be conſiderably increaſed by external preſſure; a tumour alſo ſometimes appears on the affected part; inſpiration and expiration are performed with little difficulty; and the cough and fever are ſeldom troubleſome. Diſtinctions.

I.

Great wheezing in the breaſt, dejected viſage, imperfect viſion, with a yellowiſh red colour of the eyes, indicate ſpeedy diſſolution. Prognoſis.

II.

Deep red or blood-like urine, inclined to a browniſh colour, with or without ſediment,

ſediment, denotes much danger; which is increaſed if the depoſition be black, for this ſhows a gangrenous tendency in the humours.

III.

If the pleuritic pain ſuddenly ceaſe, and yet the difficulty of breathing and load at the breaſt ſtill continue, or increaſe, with a low intermittent and frequent pulſe, delirium will follow in about twelve hours, and death will ſoon after cloſe the ſcene, the inflammation having terminated in gangrene.

IV.

Relapſes of pleuriſies are often mortal, particularly if the pain and fever, having undergone a remiſſion on the fourteenth, both return again on the twenty-firſt, or any other day; but if the fever return without the pain in the ſide, the event is more promiſing.

V.

If the pain in the ſide move to the back, ſhoulder, or arm, we may look for

for a favourable criſis, eſpecially if it happen about the ſixth day of the diſorder.

VI.

A tickling cough ſucceeding the ſuppoſed cure of a pleuriſy, with gentle heat diffuſed over the body towards evening, indicates a relapſe, or a ſuppuration.

VII.

It is favourable to part with much urine, when there is little or no expectoration.

VIII.

Pleuriſy often follows the cure of an ulcer in the leg.

IX.

A greeniſh, fetid flux of the bowels is of bad import.

X.

When inflammation of the pleura terminates in gangrene, the patient is carried off, either on the third, fifth, ſeventh, or twelfth day, according to the vehemence of the ſymptoms.

XI. A

XI.

A ſupervening diarrhœa in the beginning of pleuriſy is a bad ſign; but gentle dejections after the violent ſymptoms have abated are ſalutary.

The indications, VIII. XII. XIII. XV. XVI. XX. XXVII. XXVIII. XXXI. and XXXIII. in peripneumonia, are equally applicable in the inflammation of the pleura.

N. B. The progreſs and termination of the other ſpecies of this diſeaſe are ſeldom or never marked with any dangerous ſymptoms.

CHAP.

CHAP. V.

INFLAMMATION OF THE MEDIASTINUM.

WHOEVER conſiders the uſes of this membranous ſeptum muſt readily ſee its importance to the vital functions. By its interpoſition, for inſtance, pus, water, or any other fluid, extravaſated into one part of the thorax, cannot inſinuate itſelf into the other; conſequently, though inſpiration and expiration may be impeded, yet they cannot be wholly ſuſpended by ſuch an event, taking place: indeed, were it not for the mediaſtinum, a puncture of the pleura in any part of the thorax would produce dangerous ſuffocation. The mediaſtinum likewiſe in part ſupports the heart pendulous, eſpecially when the body is inclined backwards.

What we have here ſtated may be conſidered as anatomical facts; an inflammation therefore of this membranous partition ought to claim our particular attention; and that ſuch a diſeaſe may exiſt

exiſt experience hath taught us to believe, as well as the teſtimony of *Avenzoar*, *Friend*, *Zacutus Luſitanus*, and ſome others of high authority; the firſt of whom laboured under this malady himſelf.

Cauſes. It may be produced by the ſeveral cauſes that give birth to internal inflammation in general.

Diagnoſis. Inflammation of the mediaſtinum begins with obtuſe pain paſſing obliquely from the ſternum through the breaſt to the back: to this acute fever; great thirſt; a burning heat about the heart and lungs; reſtleſſneſs; cough, attended ſometimes with a diſcharge of yellow coloured ſputum; ſmall and quick reſpiration; ſuffocative oppreſſion about the ſternum; and a hard full pulſe ſucceed.

Diſtinctions. The diſorder may be known from pleuritis (to which it is nearly allied) by the degree of heat felt in the centre of the thorax, while the pungent pain in the ſide, common in pleuriſy, is abſent: the mediaſtinum, though a continuation of

of the pleura, being leſs ſenſible of pain in inflammation than that membrane, becauſe it is not ſo much diſtended as the pleura in dilating the thorax by reſpiration.

The inferences drawn in Prognoſ. VIII. XVI. XXII. and XXX. in peripneumonia, are here applicable. Prognoſis.

The Prognoſ. I. VIII. X. and XI. in pleuritis are alſo applicable to this diſeaſe.

Inflammation of the mediaſtinum commonly terminates in ſuppuration; in this caſe the event is for the moſt part fatal.

CHAP. VI.

PERICARDITIS,

OR

INFLAMMATION OF THE PERICARDIUM.

THIS diſeaſe is ſometimes communicated to the heart itſelf, which many ingenious writers have diſcovered Seat.

in the courſe of their anatomical inveſtigations, particularly *Sarazanus*, *Lower*, *Heiſter*, *Du Queye*, *Valſalva*, *Morgagni*, &c. Heiſter hath conveyed his obſervations in ſtrong language: "The pericardium," ſays he, "was every where connected very cloſely to the heart, ſo that without laceration it could by no means be ſeparated therefrom;" and Lower aſſerts, "that it had every where grown ſo cloſely to the heart, that it could not be ſeparated by means of the fingers but with difficulty;" and that it was "thick, opaque, and in a manner callous." Diſſections have likewiſe proved an extravaſation of pus into the cavity of the *pericardium*, in which the heart muſt have floated.

Diagnoſis. This diſorder appears with fever; a deep ſeated pain and heat in the cavity of the thorax, near the ſternum, rather inclined to the left than the right ſide; great anxiety and oppreſſion about the præcordia; difficulty of breathing; cough; unequal pulſe; and frequent ſwoonings.

It

It may be removed by reſolution; or it may end in ſuppuration. Terminations.

The pain in pleuritis is more acute and increaſed by inſpiration than that in pericarditis. Diſtinction.

Syncopes, with a ſmall, irregular, and intermittent pulſe, indicate inflammation of the heart itſelf, whence extreme danger. Conſtant palpitation alſo is of bad import. Prognoſis.

Prognoſ. VIII. XVI. XXII. in *peripneumonia*, and I. VIII. X. XI. in *pleuritis*, may be judiciouſly conſulted in pericarditis.

CHAP. VII.

PARAPHRENITIS, OR INFLAMMATION OF THE DIAPHRAGM.

AS the uſes of this muſcle are to aſſiſt both in inſpiration and expiration; to aid the neceſſary motions of the abdominal viſcera, and the expulſion

of the excrement, the urine, the fœtus in parturition, and the placenta, and to promote the ſecretions; we cannot wonder that inflammation of the diaphragm ſhould produce violent commotions in the human frame. It uſually ariſes from the ſame ſource as inflammation of the pleura.

Cauſes.

Diagnoſis.

The attack begins with a vehement and deep ſeated pain in the lower part of the breaſt, or under the ſhort ribs, or ſtriking between them and the back, in the direction of the diaphragm; this pain rendered more diſtreſſing by inſpiration, coughing, ſneezing, repletion of the ſtomach, vomiting, and compreſſion of the belly, in diſcharging the fæces or urine; acute fever attends; the abdomen is drawn upwards, and kept as ſtill as poſſible; the reſpiration is extremely quick, ſmall, and difficult, and is performed chiefly by the intercoſtal muſcles; the pulſe is ſmall, frequent, and often irregular; there is great anxiety; and the patient is ſometimes troubled with ſickneſs, hiccup, and delirium.

Hippocrates,

Hippocrates[h], Galen[i], and Boerhaave[k], were of opinion that a conſtant delirium invariably accompanied inflammation of the diaphragm, and ever conſidered it as a pathognomonic ſign; but Morgagni[l] aſſures us, that the diaphragm may be inflamed yet no delirium enſue.

I.

Riſus Sardonius is of very unfavourable import; ſo likewiſe are convulſions. Prognoſis.

II.

Mania, and even ſtrong emotions of the mind, are for the moſt part fatal indications.

III.

Should the pain ſuddenly ceaſe, we may infer a gangrenous termination, eſpecially if the pulſe be weak, quick, and intermitting.

IV.

If the inflammation end in ſuppuration, a purulent aſcites will probably be the conſequence.

[h] Morbor. lib. iii. cap. ix. Chart. tom. vii.
[i] De Locis Affectis. lib. v. cap. iv.
[k] Aphoriſ. n. 909. [l] Epiſt. vii. n. xiv. et liii. n. vi.

CHAP. VIII.

HEPATITIS,
OR
INFLAMMATION OF THE LIVER.

DOCTOR Cullen [m] mentions two kinds of this diſeaſe, the one acute, the other chronical. Celſus, alſo, ſpeaking of the liver, confirms this doctrine: "æque modo longus, modo acutus eſſe conſuevit [n]," et ſeq.

Seat. The firſt we conceive to be an affection of the external membrane of the liver, ſeated either on the convex or on the concave ſurface of that organ. It may, we apprehend, be called chronic, when the ſubſtance, or *parenchyma*, of the liver is alone diſeaſed.

Cauſes. The acute and chronical ariſe from the ſame ſources; namely, the common cauſes of other internal inflammation, or obſtruction of the hepatic ducts, or the

[m] Firſt lines, vol. i. p. 312. [n] Lib. 4. cap. viii. p. 213.

ductus

ductus communis choledochus. The diſeaſe likewiſe comes on ſometimes at the beginning of a fever, and is more general in warm than in temperate climes. Doctor Cullen ſays, that "the remote cauſes of *hepatitis* are not always to be diſcerned."

The *acute* ſpecies is invariably accompanied with much pain in the region of the right hypochondrium, extending to the ſhoulders, and may be increaſed by external preſſure. If the convex ſide of the liver be inflamed, the pain is more pungent, reſembling pleuritis; reſpiration becomes more difficult, and hiccup frequently attends: when the concave ſide is affected, the pain is not ſo great, but ſickneſs and vomiting are produced, commonly by ſome inflammation communicated to the coats of the ſtomach; there are alſo a conſiderable degree of fever and thirſt; a quick, ſtrong, and hard pulſe; a dry cough, though ſometimes humid; and, for the moſt part, high coloured urine. Diagnoſis.

In the chronic the pain is obtuſe and deep ſeated, rather than acute and ſuperficial, yet it gradually increaſes and ſhoots to the top of the ſhoulder, and ſometimes to the clavicle and throat, the latter ſymptom ſome writers have adopted as a pathognomonic ſign; this pain is never ſevere, unleſs the membranes are affected at the ſame time; the fever likewiſe, and other tokens of general inflammation, give little trouble.

When the convex part is much enlarged, the integuments, together with the coſtæ nothæ, are forced beyond their proper bounds, and a prominence is viſible externally; thence laborious reſpiration, urgent cough, with ſome diſcharge of ſputum, and a ſmall quick pulſe; but if the concave ſide be inflamed, there will be no apparent enlargement, tenſion, or hardneſs; yet on preſſing the region of the liver, a ſickneſs, cough, hiccup, and vomiting are brought on; in this caſe we are aſſured the gall bladder, and the neighbouring ducts are principally affected.

The

Termination.

The liver, like the other glandular viſcera in a ſtate of inflammation, is liable to, and may end in, a benign reſolution; dangerous ſuppuration; ſcirrhi; or gangrene.

Reſolution is the moſt happy termination that can occur in inflammation of any part of the body; but ſuch an iſſue in the diſeaſe under conſideration muſt only be expected when the fever and other ſymptoms of general inflammation are mild in the beginning, and undergo a gradual diminution within the firſt five or ſix days. On the other hand, if the degree of fever be very conſiderable, and continue in that ſtate after the ſixth day, with ſome remiſſion of pain; a pulſation in the right hypochondrium; pain in the legs; rigour; and frequent ſhiverings; we may conclude *ſuppuration* will enſue. When pus is completely formed, the pain is ſucceeded by a ſenſe of weight in the affected part; and if the abſceſs be in the convex ſurface, a manifeſt fluctuation of the contained fluid may be felt by attentive preſſure.

We

We next examine into the nature and ſigns of the third termination of this diſeaſe, i. e. *ſcirrhi*, generated by languid circulation through the gland, or an accumulation of inſpiſſated juices obſtructing its lymphatic veſſels.

Theſe tumours are commonly ſmall in the beginning, but gradually increaſe; when they inflame they cauſe fever, and the general functions of the body ſuffer; theſe ſymptoms frequently diſappear, and the deluded patient flatters himſelf with the hope of being quite recovered: the intervals of relief, however, are but of ſhort duration, for the fever ſoon returns, accompanied with depraved appetite; atrophy; cough; and ſometimes with hiccup. The inferences that may be drawn from the concurring ſymptoms are uncertain, and afford little aſſiſtance (except what reſults from their vehemence or benignity) in aſcertaining the diſtance of the eventual period, ſome for example are carried off in a ſhort time, while others exiſt, and that comfortably, even for years. The ancients we find

were partly of this opinion, and that ſuch caſes do now occur in the courſe of practice is well known: one inſtance in particular (as the moſt extraordinary) we will relate in addition to what Galen [a] hath ſaid on the ſubject. A ruſtic in the vicinity of Hereford was ſeized with inflammation of the liver, in the month of October, 1773, and it terminated in a ſcirrhous tumour of the convex ſurface; from that time it has regularly increaſed in ſize, and its preſent magnitude is ſuch as to reſemble extreme corpulence, without giving him much trouble, or interfering with his laborious occupation.

Gangrene of this viſcus laſtly claims our attention. Although this termination ſeldom happens, yet when it does take place, the ſymptoms are uncommonly violent, and the event as ſuddenly fatal. An incipient gangrene is attended

[a] Plurimi autem longiori temporis ſpatio intereunt; nonnullos vero brevi perire vidi, quibus alvus multa dejiciebat. Lib. 2. Method. Medend. ad Glauc. cap. vii. Chart. tom. x. p. 380.

with

with great debility of the animal functions; intenſe fever; and ardent thirſt; the countenance becomes cadaverous; and the excrements are exceedingly fetid.

Diſtinctions. Inflammation of the ſubſtance or membrane of the liver, ſhould be diſtinguiſhed from inflammation of the circumjacent parts, and from ſpaſm. It is ſometimes in the beginning miſtaken for pleuritis; but the pain in this diſeaſe is chiefly about the true ribs, whereas in *hepatitis* it is about the falſe ones; and the patient can lie on the left ſide in pleuritis, but cannot in hepatitis, owing to the weight of the liver irritating the inflamed ligaments.

I.

Prognoſis. Convulſions and frequent hiccup are dangerous indications.

II.

An hæmorrhage from the noſe, in the firſt ſtage of the diſorder, gives great relief.

III. Bloody

III.

Bloody [p] dejections (in moderate quantity) are of favourable import.

IV.

If the excrement be white, frothy, or of a pale clay colour, the paſſage of the bile into the *duodenum* is prevented, whence bad conſequences enſue.

V.

An hæmorrhage from the hæmorrhoidal veſſels is beneficial.

VI.

A bilious diarrhœa is a propitious ſign; ſo likewiſe is a plentiful diſcharge of ſuch urine as depoſits a copious ſediment.

VII.

In ſuppuration, if the abſceſs pour forth pus into the cavity of the abdomen, the event will be fatal.

[p] Quibus dolores hypochondriorum, cardiæ, *hepatis*, partium circa umbilicum, excreto ſanguine (per alvum dejecto forte) ſervantur. Hippocrat. Coac. Prænotationes. n. 196. Chart. tom. viii. p. 868.

But again, in another place we meet with this paſſage in the writings of that great author, "Sanguinem ſplendidum dejicere, malum eſt, tum alias, tum ſi quis dolor adfuerit."

Prognoſ. XVI. XXII. XXV. XXVII. and XXX. in the peripneumonia, have occaſionally reference to the hepatitis.

CHAP. IX.

GASTRITIS, OR INFLAMMATION OF THE STOMACH.

DOCTOR Cullen diſtinguiſhes two ſpecies of this diſeaſe:

1. Gaſtritis phlegmonodea.
2. Gaſtritis eryſipelatoſa.

Seat. The firſt may be ſeated in the nervous coat, or in the peritonæum inveſting it; the other always attacks "the villous coat and cellular texture immediately ſubjacent."

Cauſes. Inflammation of the ſtomach often ariſes from external cauſes in various ways; or from inflammation of ſome of the circumjacent parts communicated to the ſtomach, when it is a ſymptomatic affection.

affection. It may likewiſe proceed from acrimony generated in the ſtomach, or in parts capable of emptying themſelves into that viſcus. The ſtomach may alſo be ſympathetically affected, as in the caſe of putrid miaſma, or the premature retroceſſion of cuticular exanthemata.

The phlegmonous inflammation, or what has been uſually conſidered under the term of Gaſtritis, is known by a vehement burning and fixed pain in ſome part of the region of the ſtomach, attended with tenſion; acute continual fever; great thirſt; extreme anxiety; watchfulneſs; coldneſs of the extremities; difficult reſpiration; hard, quick, and unequal pulſe; frequent vomiting, eſpecially when ſuſtenance of any kind has been taken by the mouth. The laſt is conſidered almoſt as a pathognomonic ſign, if accompanied with a ſudden proſtration of ſtrength in all the functions. Inflammation of the ſtomach may terminate by reſolution, gangrene, or ſuppuration; but ſcirrhoſities of this viſ- Diagnoſis.

cus

cus are ſeldom known to be the conſequences of inflammation.

The event of this diſeaſe by reſolution may be aſcertained by the mildneſs of the cauſe, the moderation of the ſymptoms, and a gradual remiſſion of them within fourteen days. On the other hand, an incipient gangrene may be ſuſpected when the violent ſymptoms do not give way in the beginning or early ſtage of the diſorder; eſpecially if the pain ſuddenly recede, while the pulſe remains frequent, weak, and irregular.

In ſuppuration the ſymptoms continue in a moderate degree, with little pain, perhaps for fourteen days; yet a ſenſe of weight; anxiety; frequent ſhiverings; night ſweats; and other ſymptoms of abſorption, ſtill diſtreſs the patient.

The *gaſtritis eryſipelatoſa* occurs more frequent than that of the phlegmonous kind, and ſometimes appears without either fever, pain, or vomiting; but at other times it comes on with pain in the ſtomach; depraved appetite; thirſt; quick pulſe; anxiety; and frequent vomiting.

miting. As theſe ſymptoms increaſe, the inflammation ſpreads into the œſophagus, and is viſible in the pharynx, occupying the whole internal ſurface of the mouth: again this inflammation ſometimes takes an oppoſite rout, viſiting the whole of the inteſtinal canal, whence follows diarrhœa.

I.

Prognoſis.

A purulent diſcharge of pus intermixed with blood, both by the mouth and by the anus, indicates a rupture of the abſceſs into the cavity of the ſtomach, and the patient may recover; but if the coats of the ſtomach be thoroughly eroded an inceſſant hæmorrhage comes on, and death will be the inevitable conſequence.

II.

Delirium, ſingultus, or convulſions, are of the moſt dangerous import.

III.

A weak, intermittent pulſe; partial ſweats; ſwoonings; and coldneſs of the extreme parts, are harbingers of death.

CHAP. X.

ENTERITIS,
OR
INFLAMMATION OF THE INTESTINES.

DOCTOR Cullen diſtinguiſhes two ſpecies of this diſeaſe likewiſe:

1. Enteritis phlegmonodea.
2. Enteritis eryſipelatoſa.

Seat. The coats of the inteſtines.

Cauſes. External cold; indurated fæces; foreign bodies lodged in the inteſtines; introſuſceptions; acrid ſtimulants; hernias; wounds; &c.

Diagnoſis. Inflammation of the inteſtines is known by a ſhivering; a pungent heat and pain in the belly, occupying different parts according to the inteſtine affected, but fixed to the place where it firſt aroſe, ſometimes increaſing a little, and then remitting; the whole abdomen being uſually troubled at once with tenſion, ſpaſmodic pains, and flatulencies, extending to the back, with external ſoreneſs

in

in the *regio umbilicalis*; acute continual fever; ardent thirſt; dry tongue; a ſmall, hard, frequent pulſe; ſudden proſtration of ſtrength; ſtrong contractions of the abdominal muſcles, and *ſphincter ani*, as well as of the muſcular fibres of the inflamed part, ſo that nothing can paſs off; ſickneſs; violent retchings; vomiting; eructations; anxiety, and reſtleſſneſs; quick reſpiration; fluſhed face; and the urine often pale, though ſometimes high coloured, and diſcharged with heat and difficulty.

With reſpect to *enteritis eryſipelatoſa*, we refer the reader to what has been already ſaid in gaſtritis eryſipelatoſa, in the preceding chapter.

Terminations.

Inflammation of the inteſtines frequently terminates in gangrene, mortification, and ſcirrhi; ſometimes alſo in ſuppuration, but this event is chiefly confined to the larger guts. Such ſeems to have been the opinion of Celſus in the following paſſage: "Iter ipſa vero inteſtina conſiſtunt duo morbi: quorum alter in tenuiore, alter in pleniore eſt.

Prior acutus eſt: inſequens eſſe longus poteſt [q]."

Diſtinctions. This diſeaſe ſhould be diſtinguiſhed from the ſtone in the kidneys, or in the ureters; from inflammation of the kidneys, or other of the abdominal *viſcera*; from ſpaſmodic pains and obſtructions in the inteſtines unattended with inflammation. The colic and hæmorrhoids have different ſymptoms, and require different treatment.

I.

Prognoſis. Excrementitious or fæcal vomitings denote an inverſion of the periſtaltic motion, and are fatal indications.

II.

An obſtinate conſtipation of the bowels ariſing from inflammation, accompanied with exquiſite pain, is often ſucceeded by a diſcharge of flatus; liquid dejections; and a ceſſation of that pain; in this caſe the diſeaſed parts become gangrenous, and death relieves the miſerable patient in a few hours.

[q] Lib. iv. cap. xiii. p. 221.

III. If

III.

If the vomiting be truly bilious, fetid, or black, fatal conſequences will probably enſue.

IV.

Coldneſs of the extremities, with or without rigor, ſucceeding a very acute pain of the bowels, indicates mortification; and that this obſervation did not eſcape the great Hippocrates, we know by the following ſentence, "A dolore vehementi partium circa ventrem extremorum refrigeratio malum."

V.

A pallid countenance, livid eye lids, and pointed noſe, are fore-runners of death.

VI.

A weak, quick, and irregular pulſe is of bad import.

VII.

Delirium, convulſions, and hiccup, frequently precede death.

VIII.

If the pain ſhift from one place to another, and the vomiting return only at

intervals, alvine evacuations afford hopes of relief.

CHAP. XI.

NEPHRITIS,
OR
INFLAMMATION OF THE KIDNEYS.

Cauſes. THE uſual cauſes are ſuch as produce internal inflammation in general; injury by contuſion; extraneous bodies, as calculous matter, or calculi, either in the tubuli uriniferi, or in the pelvis of the kidneys; tumour; retenſion of urine; various exceſſes, and acrids; ſpaſmodic contraction; &c.

Diagnoſis. Inflammation of theſe viſcera produces fever, and pain, either pungent or obtuſe, with heat in the region of the kidneys, often ſhooting down by the ureters to the bladder, and by the ſpermatic cord to the teſtes; the urine is for the moſt part red

red in the beginning, but ſoon changes to a pale colour, and is diſcharged with difficulty, pain, heat, and in ſmall quantities; there is torpor in the thigh and leg of the ſide affected, which becomes painful upon ſtanding, walking, or moving the body in almoſt any direction; yet this pain is not ſo acute as the lumbago; the pulſe is hard and frequent; ſickneſs, bilious ejections, and coſtiveneſs generally attend.

The caſe of calculi in the kidney may diſcover itſelf by pain, ſometimes ſevere, in the ſcrobiculus cordis [r].

Celſus, relating the ſymptoms that mark and attend certain diſorders, hath conveyed his opinion in theſe words: "Dolent autem coxæ, quæque inter has ſuperque pubem ſunt, et accedunt frequentes ructus, interdum vomitus biliosus, extremæque partes frigeſcunt, urinæ crebra cupiditas, ſed magna difficultas eſt, et quod inde excretum eſt, aquæ ſimile, vel rufum, vel pallidum eſt, paulum tamen in eo levamenti eſt, alvus vero

[r] Morgagni, epiſt. xlii. n. 13 and 14.

cum multo ſpiritu redditur, utique in renibus vitium eſt [s]."

Terminations. The ſeveral progreſſive ſtages and events of this diſeaſe may be clearly aſcertained from what has been already delivered on the ſubject of other internal inflammations.

Diſtinctions. Inflammation of the kidney ſhould be diſtinguiſhed from the gravel; from a ſtone in the ureter; and from inflammation of the pſoas muſcle, and the neighbouring parts: likewiſe from flatulency, colic, and ſpaſm.

I.

Prognoſis. An hæmorrhage from the hæmorrhoidal veſſels [t], is of benign import.

II.

A ſpontaneous dripping of blood from the noſtrils, is a dangerous indication.

III.

Thin, pellucid urine, is conſidered as an inauſpicious ſign.

[s] Lib. 11. cap. vii. p. 60 et 61.

[t] Melancholicis et nephriticis ſuccedentes hæmorrhoides bonum. Hippocr. Aphoriſ. xi. ſect. vi.

IV. A

IV.

A free and copious flux of turbid urine before the ſeventh, or at fartheſt the fourteenth day of the attack, denotes a favourable ſolution.

V.

A diſcharge of pus by the rectum may imply a corroſion of the colon by the inflamed kidney. This mode of evacuation is rare, but its good effect we have obſerved in two hopeleſs caſes.

VI.

Fainting, delirium, convulſions, or coldneſs of the extreme parts, portends great danger.

VII.

Urine that is livid, black, foul, and fetid, with a ſudden and general proſtration of ſtrength, indicates gangrene.

VIII.

Frequent hiccups afford little hopes of relief.

Prognoſ. VIII. XXII. XXV. XXVII. XXIX. and XXX. in peripneumonia, may be properly referred to in the advanced ſtages of nephritis.

CHAP. XII.

CYSTITIS,

OR

INFLAMMATION OF THE URINARY BLADDER.

Seat. WHEN inflammation proceeds from a ſtone in the bladder, the interior coat or mucous membrane is principally affected; but if it be produced by the general cauſes of internal inflammation, external injury, or ſtrictures on the urethra, the exterior coats are commonly the ſeat of the diſeaſe.

Diagnoſis. Inflammation of the bladder diſcovers itſelf by an acute, deep ſeated heat and pain about the region of the pubes and perinæum, and ſometimes in the rectum, which invariably feels diſtended, and oppreſſed with excrement; if indurated fæces be actually contained, their expulſion is attended with a conſiderable degree of pungent pain; pyrexia, thirſt, anxiety, and reſtleſſneſs, come on; the pulſe is hard and frequent, but as the diſeaſe advances,

vances, and the extremities become cold, it ſinks and is irregular.

If the neck alone be inflamed, a retention of urine is produced, accompanied with an urgent ſtimulus to its diſcharge; if the fundus be affected, a conſtant inclination and dribbling, with ſtrong efforts to part with a larger quantity than the bladder may be ſuppoſed to contain.

Terminations.

This diſeaſe may go off by *reſolution*, by an increaſed ſecretion of mucus from the internal membrane, or by a metaſtaſis. It may alſo terminate in ſuppuration. In this caſe, if the matter be evacuated into the cavity of the bladder, it may paſs off with the urine; if it enter the cellular membrane, it may be diſcharged externally through the perinæum, and there form an ulcer difficult of cure; but if the abſceſs open into the cavity of the abdomen, the event will be fatal. The patient is likewiſe ſometimes deſtroyed by gangrene.

Diſtinctions.

Inflammation of the bladder ſhould be diſtinguiſhed from ſpaſm; from inflammation

mation of the adjacent parts; from ſcirrhi of the glandula proſtata; and from that retention of urine which ariſes from other cauſes.

I.

Prognoſis. A copious evacuation of turbid urine, is a propitious ſign.

II.

Sickneſs, vomiting, and hiccup, are unfavourable indications.

III.

Delirium and convulſions precede death.

IV.

Furfuraceous urine, or ſuch as abounds with dark ſuſpended clouds, denotes great danger.

V.

Inflammation of the bladder for the moſt part proves fatal, either on the fourth or ſeventh day.

CHAP.

CHAP. XIII.

HYSTERITIS, OR INFLAMMATION OF THE UTERUS.

IT may be produced by the uſual cauſes of internal inflammation; external injury; external and internal ſtimuli; and obſtructed menſtrua. The inflammation which comes on after abortion, and that conſequent to child-birth, when the lochia happens to be retained, have ſymptoms in common with each other, different from thoſe ariſing from other cauſes. Cauſes.

This diſeaſe, in the firſt inſtance, appears with conſtant, fixed, and throbbing pain in the lower belly and loins; together with great heat in the groins, and ſome difficulty in moving the thighs and legs; inflation and tenſion of the abdomen; ſtrangury; teneſmus; cardialgia; acute fever; coldneſs of the extremities; and a hard, full, and ſtrong pulſe. Theſe Diagnoſis.

ſeveral

ſeveral ſymptoms occaſionally attend, and point out what part of the uterus is affected; for example, if the whole be inflamed, the continued fixed pain, and (if we may be allowed the expreſſion) pulſatory motion become general in the region of the pubes; if the back part be the ſeat of the attack, coſtiveneſs, from compreſſion of the rectum, and pain in the loins enſue; if the fore part be inflamed, the pain is felt between the navel and pudenda, and ſtrangury is produced; if the ſides be diſeaſed, diſtention of the groins follows, with a kind of immobility in the legs; if the fundus be affected, the pain is chiefly about the navel, and there is a ſwelling of the abdomen.

On the other hand, when inflammation ſeizes the uterus after abortion, or delivery, the abdomen is unuſually diſtended, and the pulſe frequent, and ſometimes ſmall and irregular. In this caſe the pain is ſeldom, if ever, ſo acute, conſtant, or throbbing, as that we have juſt deſcribed. Hippocrates, enumerating

ing the ſymptoms that attend this diſorder, amongſt other ſigns ſays, "Ex ventre vero incendium nunquam deſinit, ſitit, et coxendices dolent, imus venter vehementer intumeſcit, et alvus turbatur; dejectio mala eſt, graveolens [u]."

Terminations.

Inflammation of the uterus may terminate by reſolution, ſuppuration, metaſtaſis, ſcirrhus, or gangrene: a ſcirrhous tumour often degenerates into cancer.

I.

Prognoſis.

A ſpontaneous eruption of the catamenia, or of the lochia, may put an happy period to the diſeaſe.

II.

Induration of the uterus [x], accompanied with pain, is very dangerous.

III.

Suppuration is more rare after abortion, or child-birth, than when inflammation ariſes from other cauſes.

IV.

Delirium and convulſions are fatal indications, ſo likewiſe are faintings, hiccup, and ſubſultus tendinum.

[u] De Mulier. Morbor. lib. 1. cap. 54, 55, 56.
[x] Coac. Prænotat. n. 528. Chart. tom. viii.

V. In-

V.

Inflammation of an impregnated uterus is ſucceeded by abortion.

VI.

A gentle, uniform, and long-continued ſweat, after child-birth or abortion, gives great relief.

VII.

Inflammation of the uterus, in delicate conſtitutions, after child-birth, unattended with hardneſs, but with great frequency of the pulſe, is generally fatal.

VIII.

Slight inflammations of the uterus terminate at an early period; others again have their critical days on the ſeventh, ninth, or the eleventh.

END OF PART THE FIRST.

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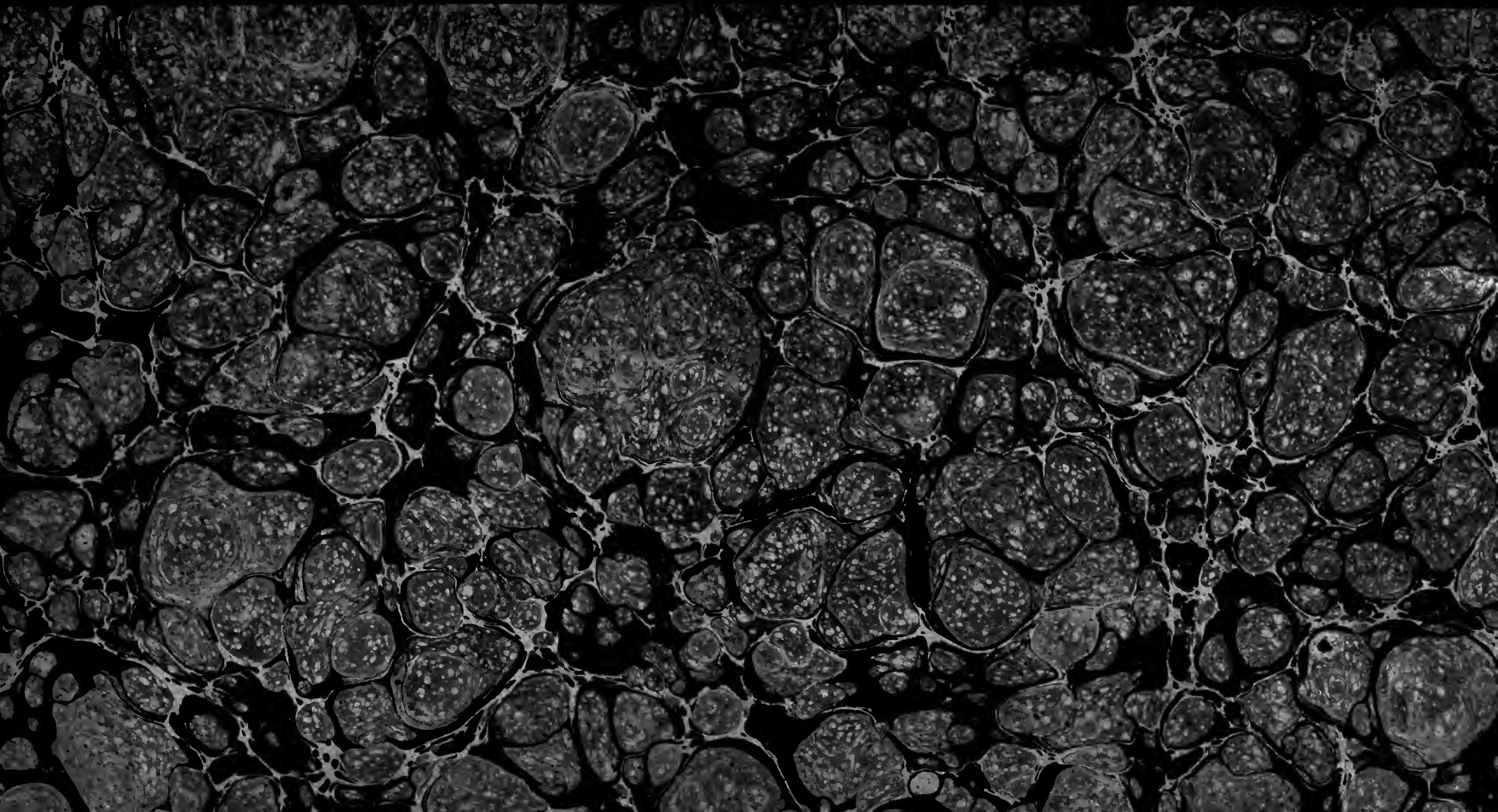
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